GANGLION.

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Those surgeons who have charge of the out-patient department of large hospitals know how common it is to meet with cases of ganglion, how dissimilar the histories, not affording means to elucidate many points in connection with this troublesome disease; and how many resist the ordinary treatment as given in hand-books of surgery. So very seldom does an opportunity offer to dissect a ganglion that pathologists differ as to the cause, the actual condition of the parts and the different stages of the disease. The older surgical writers give us little else than the appearances and treatment. In the views of modern writers, there is great discrepancy.

Bransby Cooper* confounds the disease with bursæ mucosæ, a view that is shown to be incorrect, as bursæ are few in number, and generally placed to relieve pressure from outside or the play of tendons, and a normal part of the body; while ganglion is shown to be an adventitious growth or the dilatation of the sheath of the tendons, and may occur in any place where tendons are, but never in the situation of a bursal tumor. Paget† regards the disease not as new growth, but a dilatation of the fringe-like process of the sheath of the tendon, or a dilatation of the sheath itself. This is the view now generally received, and which Erichsen adopts, classifying these as simple and compound.

It is evident Nélaton‡ does not coincide with Paget and Erichsen, for he speaks of hernia or dropsy of the sheath of the tendons being mistaken for ganglion. Gross§ regards the disease not as a new formation, but a sacculated expansion of the sheath of the tendon, coinciding with the views of Paget. Careful examination leads me to say the disease is very rare among the subjects found in the dissecting room; and others with large experience in the *post-mortem* and dissecting rooms seldom meet with cases of ganglion. However slight this remark, it might afford some ground for hazarding an opinion on the cause of the disease, for there we generally see those past middle age and broken down by dissipation, seldom, if ever, the young and healthy; showing the disease to be more common amongst the young—under 30 years—and my own experience leads me to the same opinion. We are not aware that any writer on surgery speaks of age as having any influence on the disease.

Cases of ganglion have been mistaken for other affections—for aneurism,* when in close relation to an artery; for enlarged bursæ, but, as mentioned before, the situation is never the same until late in the disease, when the growth may be such as to change the original seat of the disease; for hernia† of the synovial membrane or dropsy of the sheath of the tendon; and Barton‡ thinks syphilitic deposits in the early stage, when soft and small, may be mistaken for ganglion.

There is a wide difference in the treatment adopted by different surgeons. All the old writers on surgery agree in condemning the use of the knife and seton—the former leading to sloughing of the tendons and the latter to the formation of fungous granulations, which sometimes put on a malignant aspect, while pressure and blisters were looked upon as the only safe treatment. In the present day, some surgeons are in the habit of using the seton altogether, and with excellent results, while the usual treatment consists in using pressure; applying a strong solution of iodine, amounting to the old blistering method; crushing, by forcibly striking the parts with a book or other solid substance; subcutaneous division of the sac with a tenotomy knife—an excellent way of treating the disease; and, lastly, we have removal by extirpation. As to the last-mentioned method some excellent surgeons have condemned it as uncalled for and an unnecessarily severe proceeding. Of this method Nélaton says—"l'extirpation serait à peu près impossible." Other equally good surgeons recognize the method as legitimate and to be practised when the surgeon sees fit, and foremost amongst the number stands Prof. Syme, of Edinburgh, while Erichsen has occasionally resorted to the method in curing the disease. We are led to make these remarks by the following case, in which extirpation was practised with excellent result.

Case.—Was consulted, at City Hospital, Feb. 2d, 1868, by J. F., a colored girl, æt. 15 years, for a tumor on the back of the left wrist, just below the annular ligament, as large as an English walnut, somewhat

* Principles and Practice of Surgery, Am. Ed., 1852, p. 263.
† Surgical Pathology, Am. Ed., Art. Ganglion.
‡ Elémens de Pathologie Chirurgicale, tome premier, Paris, 1844.
§ System of Surgery. Philadelphia.

* Cooper's Surgical Dictionary, New York Ed.
† Nélaton.
‡ Pathology and Treatment of Syphilis. John K. Barton. Dublin. 1866.

ovoid in shape, quite movable, and of a semi-solid consistency. The tumor first appeared fourteen months since, following a hurt (?); but not till the last three months has it interfered with her ordinary duties as a servant, when it has grown rapidly. The tumor was evidently a so-called ganglion, developed in connection with the extensor tendons of the hand, but not involving the annular ligament or wrist-joint. Pressure, with tincture of iodine, and afterwards crushing, had no effect on the growth.

We now decided on removing the disease by careful dissection, by this means insuring a radical cure. The superficial situation, with no deep attachments, made us think removal would be easy; while the semi-solid condition was against subcutaneous division unless the knife was used freely, which would involve the subsequent risk of inflammation of the tendons almost as much as a careful dissection of the parts, without affording a radical cure. The patient was etherized, a long incision made over the centre of the tumor, and after a slow and careful dissection the growth was *removed entire*, without injuring the annular ligament or the extensor tendons, three of which were laid bare in the dissection. The sac was filled with a jelly-like substance, and more firmly and deeply attached than we were led to suppose at first. Very little bleeding followed the operation. A straight splint on palmar side of forearm to insure rest, and cold-water dressing.

Feb. 13th, twenty-four hours after operation. No pain, swelling or redness; wound looks well.

14th.—Some pain last night; no better this morning. Redness and some swelling round the edges of wound and back of hand. Poultice.

19th.—Swelling and redness all gone; wound partly united and discharges very little pus; strapped, and touched with nitrate of silver. Can use her hand. Splint left off.

From this time forth the patient did well, and with the exception of a little tardiness in cicatrizing, the wound did as well as most flesh wounds of the same magnitude. The motion of the wrist and hand were perfect, and no stiffness or weakness followed the operation, as we might be led to expect from the inflammatory exudation binding the tendons together in such a way as to interfere with their free play.

We have been induced to report this case, as it goes to prove that ganglion, in exceptional cases, may be removed by dissection without running any great risk of severe inflammation of the tendons or subsequent loss of motion in the parts. From a careful review of the case, we are led to think the disease a cystic formation *on* the sheath of the tendon, and not necessarily involving its contents. In this case the walls of the cyst and sheath of the extensor tendons were inseparable, as shown by the cyst-walls when removed; in other words, the growth was a true cyst, while the sheath of the extensor tendon was "button-holed" to a size corresponding to the size of the ganglion; while had the ganglion consisted in a dilatation of the sheath, the wall corresponding to the tendon would be wanting.

Reports of Medical Societies.

NORFOLK DISTRICT MED. SOCIETY OF MASSACHUSETTS. REPORTED BY WM. H. CAMPBELL, M.D., OF ROXBURY.

A REGULAR quarterly meeting of the Norfolk District Medical Society was held at the Everett House, Hyde Park, Nov. 10th, 1869, at 11, A.M.

The President, Dr. Cotting, in the chair.

The records of the preceding meeting were read by the Secretary, Dr. Jarvis, and accepted.

The Secretary announced that the President of the State Society had appointed Dr. Jonathan Ware, of Milton, a Commissioner of Trials, to fill a vacancy occasioned by the death of Dr. Ebenezer Stone, of Walpole.

After some observations from the President, reminding the Censors that it was their duty to have regular meetings, to keep Records, and to make annual Reports to the Secretary of the State Society—the subject for discussion was stated to be "*Inflammatory Rheumatism, and its Treatment;*" and the names of the appointed disputants were then read.

Dr. Monroe, of Medway, opened the discussion by reading a short paper, in which he said that Sydenham was the first to use the word rheumatism, as we now understand it, and that the condition called rheumatism by the ancients was very different from that now known by this name. He spoke also of the various and opposite methods of treatment, of the apparently good results following each, and of the difficulty in reconciling the conflicting statements concerning seemingly opposite reme-